MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006362

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1407

FILED MAR 1 5 1963

DO NOT WRITE ON THIS STUB | AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
 a. COUNTY: Jackson
 b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City
 Length of stay in 1b: 3 weeks
 c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Mary's Hospital
 Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE: Illinois
 b. COUNTY:
 c. CITY OR TOWN: Springfield
 Inside Limits: Yes [X] No [ ]
 d. STREET ADDRESS (If outside, give location): 2329 So. 4th. St.
 Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: WILLIAM Middle: ROBERT Last: BOYD

4. DATE OF DEATH: Month: March Day: 3. Year: 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 6-8-1899

9. AGE (last birthday): 63 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Business Manager

10b. KIND OF BUSINESS OR INDUSTRY: Elect. Workers Local #51

11. BIRTHPLACE (City and state or country): Carbondale, Illinois

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Boyd

13b. MOTHER'S MAIDEN NAME: Lucy Hindman

14. NAME OF HUSBAND OR WIFE: Agnes Mary Boyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of servi[ce]): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Agnes M. Boyd Address: Springfield, Illinois

18. CAUSE OF DEATH (Enter only one cause per line...)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarct Ant.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Post operative for Resection
DUE TO (c): of Ruptured Abd. Aneurysm Aorta
INTERVAL BETWEEN ONSET AND DEATH: 2 Days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I(a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION | COUNTY | STATE

MEDICAL CERTIFICATION — J. D. Bennett

21. I attended the deceased from Feb 10, 63 to March 3 63 and last saw him alive on Mar 3 63
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J D Bennett MD

22b. ADDRESS: 409 E 63rd K.C. Mo

22c. DATE SIGNED: 3/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 3-4-63

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): Springfield, Illinois

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar ADDRESS: 20 W. Linwood

25. DATE RECD. BY LOCAL REG.: 3-4-63

26. REGISTRAR'S SIGNATURE: Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

Dr's. Bennett & Benoit

4620 J C Nichols

Lo 1-6510

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ______________________________, Student Embalmer No. __________

working under my personal supervision.

Student ______________________________ Signed Wm. H. Gentz
Signature of Student Embalmer

Licensed Embalmer No. 3038

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.